

Rural Health Collaborative Meeting Minutes

September 24, 2018

Time: 5:00pm to 8:00pm

Location: Queen Anne's County Health Department, 206 N. Commerce St., Centreville MD 21617, 2nd floor conference room

The following Rural Health Collaborative members were in attendance:

April Sharp, LCSW

Beth Anne Langrell

Fredia Wadley, M.D.

Joseph Ciotola, M.D.

Ken Kozel, MBA

Maria Maguire, M.D.

Maura Manley

Roger Harrell, M.H.A.

Sara Rich

Shelly Neal-Edwards, LCSW

Timothy Shanahan, M.D.

Victoria Bayless

Anna Sierra, EMT

Childlene Brooks

James Chamberlain, M.D.

Katelin Haley, M.D.

Leland Spencer, M.D.

Mary Thompson, R.N.

Michael Clark, M.S.

Santo Grande

Scott LeRoy, M.P.H.

Sonia Solano Torres, Ph.D

Teresa Schaefer

Also in attendance: Lindsey Snyder, Esq. Assistant Attorney General, Maryland Department of Health (MDH); Cheryl DePinto, MD, MPH, FAAP, Director, Office of Population and Health Improvement, MDH; Pamela Tenemaza, MPA, Policy Analyst, Deputy Secretary's Office, Public Health Services, MDH; Kathleen McGrade; Dimitrius Cavatini; Bill Webb; Lauren Canary; Erin Hopwood.

Welcome and Introductions

Meeting called to order at 5:20pm by the Rural Health Collaborative Executive Committee member Joseph Ciotola, M.D. Queen Anne's County Local Health Officer.

Background for Rural Health Collaborative including Senate Bill 1056

Joseph Ciotola, M.D. Queen Anne's County Local Health Officer.

- The Rural Health Collaborative is a result of SB 707 - 2016 Freestanding Medical Facilities
- The Rural Health Workgroup consisted of 32 members and met over 14 months, the recommendations were presented to the Maryland General Assembly.
- This workgroups recommendations led to the introduction of two bills: SB 1056 Rural Health Collaborative and SB 682 EMS Coverage and Reimbursement

Purpose of the Rural Health Collaborative; Concept of Rural Health Complex

Fredia Wadley, M.D., Talbot County Local Health Officer

- A group of clinical and social services, providers, consumers, and other stakeholders that collaborate on using existing and potentially new resources to build a better system of health and social services that aligns with Maryland's Medicare Waiver and achieves better health outcomes for the residents they serve.
- Senate Bill 1056 referred to the Triple Aim of healthcare with three goals
 1. Improve health outcomes and health status
 2. Reduce the rate of growth of healthcare costs
 3. Improve satisfaction of patients

And SB 1056 referred to aligning the efforts of the Rural Health Collaborative with those of Maryland's Medicare Waiver.

Discussion: Request for Dr. Howard Haft from the Maryland Primary Care Program to present to the Rural Health Collaborative to discuss CMS contract on the Total Cost of Care Model.

Organizational Steps Discussion

Fredia Wadley, M.D., Talbot County Local Health Officer

Joseph Ciotola, M.D., Queen Anne's County Local Health Officer

- Legislation and Operation
 - List of members of the Rural Health Collaborative and Executive Committee are on website rhcollaborativemd.org. This will be updated and a final list with contact information posted when completed.
 - The Executive Director is still in the process of being hired.
 - Information regarding the meeting dates and times, agenda, minutes and other documents for meetings will be on the website
 - When meeting dates are determined for the year, these will be posted in the Maryland Register and on the Maryland Department of Health Website; local notices will be in the news media also.
- Executive Committee, Election of Officers
 - The Executive Committee will meet more frequently and will present to the broader collaborative committee.
- Remaining two membership appointments include:
 - One additional transportation provider within the region
 - One healthcare provider from Dorchester County
- Recommendations for remaining 6 positions can be brought to the Secretary for approval

- Send additional recommendations to Fredia Wadley, Talbot County Local Health Officer
- Other recommendations for members include:
 - Mid Shore Behavioral Health, Inc
 - Dental Providers
 - Mid-Shore Community Foundation
 - Mid-Shore Regional Counsel
 - Rural Maryland Council
 - Queen Anne's County LHD Transportation Office

- Meeting dates for Rural Health Collaborative
 - Discussion about scheduling 4 more meetings before end of FY 2019, but if do not need last meeting in June then can cancel
 - Time at 5:00 PM acceptable; Monday, Wednesday or Thursday best days
 - Doodle Poll will be sent out to the collaborative members
 - Suggestion made to have alternate dates (and post them) for winter meetings when weather may result in cancellation of original date.

- Bylaws
 - Include process for recommending to Secretary for appointment any candidates that might fill one of the six positions not covered in SB 1056
 - Collaborative members must attend 50% of meetings to maintain membership
 - Discussion concerning teleconference availability had strong support for the Rural Health Collaborative meetings to be attended in person, but Executive Committee may need to meet by teleconference call occasionally.
 - Ethics commission will provide the group with more information at a later date and help in drafting a conflict of interest statement.

- Award from Community Health Resource Commission (CHRC)
 - Before Legislation was passed the 5 Mid-Shore Local Health Officers submitted a proposal to CHRC to convene a Collaborative and received an award of \$175K. After SB 1056 passed, the Governor allocated \$150K funding for the Rural Health Collaborative
 - HSCRC recommends a grant modification request in January for the group to recommend actionable items for the grant funds and a no cost extension.

- First Committees Recommended include
 - Committee on Transportation
 - Committee on Integration of Clinical and Social Support Services
 - Recommendation to have cross-representation because each committee might have on-going recommendations for the other committee.

Comments or questions from public

- What are the opportunities that exist that can pre-empt a patient from visiting the ER?
- Can the group consider technology as a potential resource for the Collaborative?
- The group should consider utilizing the existing relationships of FQHCs within the public school systems
- Suggestion for the group to look at expanding pamphlets distribution/local fundraisers to the local communities to provide education on services available.
- Consider assisting providers to identify patients' needs including transportation, medical visit transportation, etc.
- Explore the connection to CRISP to link in with the Collaborative activities
- Diabetes measure(s) will be used to evaluate the effectiveness of Maryland's new primary care component. Consider aligning efforts of Rural Health Collaborative for improving diabetes control.

Next Steps and Closing

- Doodle Poll for next meeting
- Request for the Maryland Primary Care Program to present to the Collaborative
- Choptank data provided to the group
- Two committees to be established

Meeting was adjourned at 7:35pm